
APPENDIX 3
RECEIPT ACCEPTANCE CRITERIA

Document Control personnel shall review controlled documents for the following criteria prior to their release

- ☐ Unique identification number is assigned and on every page
- ☐ Revision indicator if applicable is correct
- ☐ Approval signature(s) are present and correct
- ☐ Site level document/revision is authorized by a Document Modification Request (DMR) Form with all blocks completed or marked NA
- ☐ RMRS document/revision is accompanied by completed Document Control Checklist
- ☐ Completed Patent Clearance Forms if applicable
- ☐ Completed Security Classification Authorization signature if applicable
- ☐ Completed Safety reviews exemption or concurrence if applicable
- ☐ Controlled distribution list or update if applicable is provided
- ☐ Document owner is designated
- ☐ The attached cover/approval sheet is correct for the document type
- ☐ All pages as stated are included and correct
- ☐ Written/typed documents are legible reproducible with imaging quality as follows
 - ☐ Clear and distinct image of the characters or pictorial information on the recording medium (paper) must be formed
 - ☐ Prepared in indelible medium preferably black ink against a light background (Pencil lead is not acceptable)
 - ☐ Contains no correction fluid or correction tape of any type
 - ☐ Information is not scratched out or obliterated or other extraneous information hand written on the document
 - ☐ Text is not obliterated with stamps or other marks
 - ☐ No portion of any page shall be missing due to tearing or folding of record edges that may obliterate recorded information
 - ☐ If a photocopy of a document is to be submitted the generation of the copy submitted for processing must be as close to the original as possible

NOTE If the document does not meet the above criteria, return the document to the identified owner for correction

ADMIN RECCRD

SW-SW-A-003104

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APPENDIX 4

(SAMPLE ONLY - FORM GENERATED ELECTRONICALLY)



Document Transmittal Acknowledgement Notice

1st Notice

Name	Copy Holder ID	Sent by	RMRS DOCUMENT CONTROL Building 116
Company		Ph	(303) 966 -
Bldg		FAX	(303) 966 - 4641
Phone			

If you do not need or want the document(s) noted below please write your cancellation request below the instructions and return the entire package to RMRS Document Control Building 116

The documents being transmitted to you are

Document No	Rev	Document Title
-------------	-----	----------------

Document Type

Instructions

Signing this Document Transmittal Acknowledgement Notice (DTAN) indicates you have received the document(s). Please sign the DTAN and return it. If cancelling, sign the DTAN after noting your request and return the entire package to RMRS Document Control in Building 116 by

Copy Holder Signature

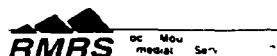
Date

JST. MIA

3-4-99 at

APPENDIX 5

(SAMPLE ONLY - FORM GENERATED ELECTRONICALLY)



Document Transmittal Acknowledgement Notice

2nd Notice

Name	Copy Holder ID	Sent by	RMRS DOCUMENT CONTROL Building 116
Company		Ph	(303) 966
Bldg		FAX	(303) 966 4641
Phone			

Our records indicate that we have not received receipt acknowledgment for the documents transmitted to you on
Please sign below to verify receipt of documents OR notify RMRS Document Control if you did not receive the documents

Signed acknowledgment must be received within 14 days of the date of transmittal. Failure to respond to either the initial Document Transmittal Acknowledgment Notice (DTAN) or this 2nd Notice will result in cancellation from controlled distribution of this document(s)

The documents being transmitted to you are

Document No	Rev	Document Title
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Document Type

Instructions

Returning the Document Transmittal Acknowledgement Notice is required within 14 days of transmittal of the document(s) noted above. Please sign and return this notice. If cancellation of the document is needed, note your request, sign the notice and return it to RMRS Document Control in Building 116 by

Copy Holder Signature

Date

APPENDIX 6

GUIDELINES FOR PROCEDURE DISPOSITION

Follow the instructions on the back and use the choices below as a guide to assist in dispositioning the following procedure(s)

Procedure Title _____

Procedure Number _____ Rev No _____

Procedures can be dispositioned in one of three ways Check the appropriate space below

Maintain _____

The procedure is presently needed to implement a contractual requirement or driver or needed for current mission or needed to operate existing equipment, or needed to perform an activity

Inactive _____

The need for this procedure is indeterminate or unknown

Cancel _____

The process or activity controlled by this document has been terminated or completed, or the document is being replaced by _____

Responsible Manager Print Name Sign Name Date

Reactivate the procedure _____ A periodic review SHALL be performed

PRINT/SIGN/DATE BELOW TO REACTIVATE FROM INACTIVE STATUS

Responsible Manager Print Name Sign Name Date

2-12-98